

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			/		
4	⑦			/		
5	/		/			
6	/		/			
7		/		/		
8		/		/		
9	2			/		
10	①			/		
11	①			/		
12	①			/		
13	①			/		
14	/		/			
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49						
50						
TOTAL IND.	8		8			
TOTAL DEP.		↔		12	↔	
TOTAL CLAIMS		↔	20	↔		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		↔			↔	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS